

EXHIBITS

EXHIBITS

EXHIBIT A

VEHICLE INSPECTION AND BASIC CONTROL SKILLS TESTS

Version July 2010

Driver's name: _____ License/Permit Number: _____
 Examined for Class: _____ Date of Medical Examiner's Certificate: _____
 Power Unit: _____ Trailer: _____
 Engine Type: _____ Transmission Type: _____

VEHICLE INSPECTION TEST

SCORE: _____

(*) If vehicle has no air brakes, put a line through these components.

ALL VEHICLES

Engine Start			Air Brakes Yes / No	
safety belt..... <input type="checkbox"/>	*air gauge..... <input type="checkbox"/>	wipers & washers..... <input type="checkbox"/>	School Bus	Yes / No
emergency equipment (F-E-T)..... <input type="checkbox"/>	lighting indicators (L-R-4-H)..... <input type="checkbox"/>	parking brake..... <input type="checkbox"/>	V Tag #	_____
safe start..... <input type="checkbox"/>	horn(s)..... <input type="checkbox"/>	service brake / ABS..... <input type="checkbox"/>	T Tag #	_____
temperature gauge..... <input type="checkbox"/>	heater & defroster..... <input type="checkbox"/>	*air brake check (1-2-3) or		
oil pressure gauge..... <input type="checkbox"/>	windshield & mirrors..... <input type="checkbox"/>	hydraulic brake check..... <input type="checkbox"/>		
ammeter or voltmeter gauge..... <input type="checkbox"/>				

ALL COMBINATION VEHICLES

Truck	Trailer	Tractor	Semi-Trailer
air & electric connectors..... <input type="checkbox"/>	air & electric connectors & lines..... <input type="checkbox"/>	air & electric connectors & lines..... <input type="checkbox"/>	air & electric connectors..... <input type="checkbox"/>
Coupling System	Coupling System	Coupling System	Coupling System
mounting bolts..... <input type="checkbox"/>	tongue or drawbar..... <input type="checkbox"/>	mounting bolts..... <input type="checkbox"/>	kingpin..... <input type="checkbox"/>
pintle hook..... <input type="checkbox"/>	mounting bolts..... <input type="checkbox"/>	platform..... <input type="checkbox"/>	apron..... <input type="checkbox"/>
hitch release lever..... <input type="checkbox"/>	safety devices..... <input type="checkbox"/>	locking jaws or lever..... <input type="checkbox"/>	gap..... <input type="checkbox"/>
safety devices..... <input type="checkbox"/>	sliding pintle..... <input type="checkbox"/>	release arm & safety latch..... <input type="checkbox"/>	
		5" wheel skid plate..... <input type="checkbox"/>	
		slide 5th wheel pins (clearance)..... <input type="checkbox"/>	

Form A

Front of Vehicle
 lights & reflectors (L-R-4-HL-HB-C).....☐

Engine Compartment

oil level.....☐
 coolant level.....☐
 power steering fluid/belt.....☐
 water pump/belt.....☐
 alternator belt or gear.....☐
 *air compressor belt.....☐
 leaks & hoses.....☐

Steering

steering box & hoses.....☐
 steering linkage.....☐

Front Axle

Front Wheel
 tires (I-C-D).....☐
 rims.....☐
 lug nuts.....☐
 hub oil seal.....☐

Front Suspension

springs & shocks.....☐
 u-bolts.....☐
 spring mounts.....☐

Front Brake

brake hoses or lines.....☐
 *brake chamber.....☐
 *slack adjuster & push-rod.....☐
 drum & linings or rotor & disk.....☐

Form B

Fuel Area/Under/Side

Driver/Fuel Area
 door & mirror.....☐
 fuel tank & cap & leaks.....☐
 catwalk & steps.....☐
 lights & reflectors (L-R-4-C).....☐

Under Vehicle

drive shaft.....☐
 exhaust system.....☐
 frame.....☐

Rear Axles

Rear Wheels F R
 tires (I-C-D).....☐
 rims.....☐
 lug nuts.....☐
 axle seal.....☐
 spacers or budd spacing.....☐

Rear Suspension

springs & airbags & shocks.....☐
 u-bolts.....☐
 spring/air mounts & torque arm.....☐

Rear Brakes

brake hoses or lines.....☐
 *brake chamber.....☐
 *slack adjuster & push-rod.....☐
 drum & linings or rotor & disk.....☐

Rear of Vehicle

doors & ties & lift.....☐
 splash guards.....☐
 lights, reflectors & reflector tape (L-R-4-TL-BL-C).....☐

Form C (Combinations)

Trailer/Semi-Trailer

Trailer Front
 header board or bulkhead.....☐
 lights & reflectors (C).....☐

Side of Trailer

landing gear.....☐
 frame & tandem release.....☐
 doors & ties & lifts.....☐
 lights & reflectors (L-R-4-C).....☐

Trailer Axles

Wheels F R
 tires (I-C-D).....☐
 rims.....☐
 lug nuts.....☐
 axle or hub oil seal.....☐
 spacers or budd spacing.....☐

Suspension

springs & air bags & shocks.....☐
 u-bolts.....☐
 spring/air mounts & torque arm.....☐

Brakes

brake hoses or lines.....☐
 *brake chamber.....☐
 *slack adjuster & push-rod.....☐
 drum & linings or rotor & disk.....☐

Rear of Trailer

doors & ties & lift.....☐
 splash guards.....☐
 lights, reflectors & reflector tape (L-R-4-TL-BL-C)/ABS.....☐

All Passenger Vehicles

Passenger Items

passenger entry & lift.....☐
 emergency exits.....☐
 seating.....☐

Baggage Compartment

doors secure (baggage).....☐

School Bus (Only)

Student Lights

student lights (front, back).....☐

Student Safety Items

stop arm & safety arm.....☐
 student mirrors.....☐
 emergency kit & body fluid kit.....☐

BASIC CONTROL SKILLS TEST

ST. LINE BACKING								CONVENTIONAL PARALLEL PARK								RIGHT-SIDE PARALLEL PARKING							
Pullups	0	1	2	3	4	5	6	Pullups	0	0	1	2	3	4	5	Pullups	0	0	1	2	3	4	5
Encroachments	2	4	6	8	10			Encroachments	2	4	6	8	10			Encroachments	2	4	6	8	10		
Looks	0							Looks	0							Looks	0						
Final position	0	10						Inside Parallel	0	10						Inside Parallel	0	10					
OFFSET BACK RIGHT								OFFSET BACK LEFT								ALLEY DOCK							
Pullups	0	0	1	2	3	4	5	Pullups	0	0	1	2	3	4	5	Pullups	0	0	1	2	3	4	5
Encroachments	2	4	6	8	10			Encroachments	2	4	6	8	10			Encroachments	2	4	6	8	10		
Looks	0							Looks	0							Looks	0						
Final Position	0	10						Final Position	0	10						Inside Alley (3' box)	0	10					

VEHICLE INSPECTION SCORE: _____

BASIC CONTROL SKILLS SCORE: _____

ROAD TEST SCORE: _____

Examiner's Signature _____

Date _____

Station _____

CDL Skills Tests Score Sheet (back)

ROAD TEST SCORE FORM DOT 4-579 MVS 10/10

LEFT				TURNS				RIGHT				INTERSECTIONS				EXPRESSWAY			
1	2	3	4	Approach	1	2	3	4	Approach	S	S	T	T	Merge On					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	traffic check..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	traffic check..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	traffic check..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	signal-on..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	decelerate..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	signal..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	decelerate, coast..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	coast..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spacing, no stop, merge..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	correct lane..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	correct lane..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cancel signal..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Stop					Stopping					Expressway Driving					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	necessary..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	necessary..... <input type="checkbox"/>	<input type="checkbox"/>				traffic checks..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	smooth..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	smooth..... <input type="checkbox"/>	<input type="checkbox"/>				lane..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gap, stop line..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stop line, gap..... <input type="checkbox"/>	<input type="checkbox"/>				speed..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	full stop..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	full stop..... <input type="checkbox"/>	<input type="checkbox"/>				following distance..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wheels straight..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	roll back..... <input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	roll back..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turning					Drive Through					Exit					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	traffic check..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	traffic check..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	traffic check..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	both hands, gears..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	both hands..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	signal..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speed, yield..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gears..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	merge, spacing..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wide/short..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	yield..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	decelerate in exit lane..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete Turn					lane..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ramp speed..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	traffic check..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	outage..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cancel signal..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	correct lane..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completion					No Errors..... <input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	accelerate, move					traffic check..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	right..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	correct lane..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cancel signal..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	accelerate..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
No Errors..... <input type="checkbox"/>				No Errors..... <input type="checkbox"/>				No Errors..... <input type="checkbox"/>				No Errors..... <input type="checkbox"/>				No Errors..... <input type="checkbox"/>			

URBAN/RURAL HWY

regular traffic checks.....☐
checks cross traffic.....☐
select proper lane.....☐
keeps vehicle in lane.....☐
speed, flow-of-traffic.....☐
following distance.....☐
No Errors.....☐

LANE CHANGES

traffic checks.....☐
signal.....☐
spacing.....☐
smooth change.....☐

cancel signal.....☐
No Errors.....☐

CURVE

speed: enter.....☐
speed: through.....☐
stay in lane.....☐
regular traffic checks.....☐
No Errors.....☐

ROAD SIDE STOP/START

Approach
traffic check.....☐
signal on.....☐
correct lane.....☐
deceleration.....☐
coast.....☐

Stop
parallel, curb.....☐
not blocking traffic, hydrant.....☐
not rolling.....☐
signal off / 4-ways on.....☐
set parking brake.....☐

Resume
traffic check.....☐
4-ways off/signal on.....☐
release parking brake.....☐
traffic check.....☐
roll back.....☐
not stall engine.....☐
smooth acceleration.....☐
No Errors.....☐

RAILROAD CROSSING

Approach
traffic/train check.....☐
4 - ways.....☐
decel, coast.....☐
right lane.....☐

Stopping
stop 15-50 feet.....☐
full stop/door.....☐
traffic/train check.....☐
Crossing
gears.....☐
traffic/train check.....☐
outage.....☐
stop.....☐

Completion
cancel 4-ways.....☐
Traffic/train check.....☐
correct lane.....☐
accelerates.....☐
No Errors.....☐

TRUCK/BUS SIGN 1 2
weight/clearance/sign.....☐
No Errors.....☐

STUDENT DISCHARGE

Approach
traffic check.....☐
warning lights on.....☐
moves to right.....☐
stop arm.....☐
Stop
neutral, foot on brake, stop arm
flashers.....☐

Discharge
communicate to students.....☐
traffic check.....☐
open door.....☐
student check.....☐
Student Crossing
traffic check.....☐
student communication.....☐
student check.....☐

Resume
check all mirrors.....☐
stop arm off.....☐
warning lights off.....☐
traffic check.....☐
shuts all doors.....☐
accelerates into traffic.....☐
No Errors.....☐

GENERAL DRIVING

used clutch improperly (shifting, double clutch, didn't ride).....☐
used gears improperly (rev/lug engine, clash gears, or coast).....☐
used brakes improperly (smooth braking, no riding or pumping).....☐
improper steering (both hands).....☐
improper lane usage (correct, over lanes, stop lines, gap, etc).....☐
used regular traffic checks.....☐
improper use of turn signals.....☐

AUTOMATIC FAILURES

did not use safety belt.....☐
moving violation or disobeyed signs, signals.....☐
did not yield to pedestrians, other road users, etc.....☐
avoidable accident or incident, dangerous act.....☐
put vehicle over sidewalks or curbs.....☐
other (see notes).....☐

NOTES:

ROAD TEST SCORE:

3092

Exhibit B – Passing Scores

Combination Vehicles & Straight Trucks

PRE-TRIP (Total is number of correct answers)	Pre-Trip Form	VEHICLE			
		Class A		CLASS B	
		Airbrakes	No Airbrakes	Airbrakes	No Airbrakes
	FORM A	35	33	27	24
	FORM B				
FORM C	67	61	No Form C		
FORM FULL			43	39	
Basic Skills Exercises (Total is number of <u>errors</u>)	12 points or less (all vehicles)				
ROAD TEST (Total is number of <u>errors</u>)	30 points or less (all vehicles)				

Coach/Transit & School Bus

PRE-TRIP (Total is number of <u>correct</u> answers)	Pre-Trip Form	VEHICLE			
		Coach/Transit		School Bus	
		Airbrakes	No Airbrakes	Airbrakes	No Airbrakes
	FORM A	30	27	33	31
	FORM B				
FORM FULL	46	42	49	45	
Basic Skills Exercises (Total is number of <u>errors</u>)	12 points or less (all vehicles)				
ROAD TEST (Total is number of <u>errors</u>)	30 points or less (all vehicles)				

STATE OF HAWAII

DOT-4416 (7/94-V-100)

County of _____

Approval _____
Signature of Driver

MOTORCYCLE SKILLS TEST CERTIFICATION FOR WAIVER
Notice of Satisfactory Course Completion

Applicant's Name: _____

Date of Birth: _____

Instruction Permit or
Driver License Number: _____

Course Completion Date: _____

Completion Card Number: _____

I certify that the above named applicant has successfully completed and passed a motorcycle Rider Course that meets the requirements established for license test waiver in accordance with Section 286-108 (a), Hawaii Revised Statutes. This certification is valid if presented to the examiner of drivers within 90 days of the course completion date. This certification is not an instruction permit nor a license to operate a motorcycle.

State Coordinator's Signature and Identification Number

Chapter 19-122
EXHIBIT C

7/1/04

2932

2.7.06

3092

2971

ALTERNATE MOST EXAMINER STUDY GUIDE

2.0 CUSTOMER INFORMATION

Every customer should understand what will be required and how the test will be scored. There is nothing to be gained by concealing the nature of the exercises.

If a modification is required to lay out the test, the instructions should be reviewed to be sure the content is correct.

The instructions explain what is expected; therefore, the customer may watch and listen while others take the test.

2.1 TEST ADMINISTRATION

2.1.1 PRE-TEST

Instructions

- This test consists of seven exercises that measure your ability to perform basic vehicle control and hazard-response skills. Most of the exercises involve speeds of about 15 mph. You will be scored on time and distance standards, as well as path and foot-down violations. The test may be ended for point accumulation, falling or dropping the motorcycle, committing an unsafe act, or failure to understand or follow instructions. You may stop the test at any time. However, you must complete the entire test to pass it. Do you have any questions?

(Point out the path of travel as you read the instructions for each exercise.)

2.1-2 EXERCISE ONE—STALLS ENGINE

Purpose

Stalling indicates a rider's lack of clutch and throttle control. If unable to coordinate these controls, a rider could stall in traffic, creating an unsafe situation.

Examiner Position and Action

Instructions for Stalling, the Sharp Turn and the Normal Stop are given at the beginning of the first run. Stand on the rider's left.

Instructions

- Points are assessed if you stall your engine during any exercise. Do you have any questions?

Scoring

Riders are always scored according to the greatest degree of error. Maximum points for stalling is 5 points.

- Stalls engine once 1 point
- Stalls engine twice 3 points
- Stalls engine three or more times 5 points

Standard

Points are scored for stalling while attempting any exercise.

2.1-3 EXERCISE TWO—SHARP TURN

(See Illustration A on Page 8)

Purpose

Occasionally riders are required to make sharp turns into traffic. This exercise evaluates a rider's ability to maintain control and remain within a specific path when turning sharply.

Examiner Position and Action

Stand to the rider's left to allow the rider to see the path of travel and hear instructions. After the rider leaves the starting T, move closer to the Sharp Turn to watch for violations. Cross to the other side of the course and stand near the Normal Stop box as the customer rider toward it. Keep your eyes on the tires and feet.

Instructions

- Accelerate straight ahead and make a sharp left turn inside the boundaries. Do not put a foot down or touch the lines.

Scoring

Maximum score for Exercise 2, Sharp Turn, is 6 points.

Check	Possible Points	Maximum Points
A. Path	0, 3, 5	5
B. Foot Down	0, 1	1
		6

Standard

A. Path—One tire touches or crosses one boundary, 3 points. One tire touches or crosses two or more boundaries, or both tires touch or cross one or more boundaries, 5 points. If the motorcycle is near the outside of the path, pay attention to the outside line. If near the inside boundary, watch the inside line; the rear tire is more likely to touch a boundary. Watch the pavement! Score only when paint can be seen beside the tire, which indicates the tire is on the line.

B. Foot Down—One point is scored if one or both feet touch the ground.

2.1-4 EXERCISE THREE—NORMAL STOP

(See Illustration A on Page 8)

Purpose

This exercise evaluates a rider's ability to stop in a designated area, such as before a crosswalk or stop sign, without interfering with traffic.

Examiner Position and Action

After the rider completes the "Sharp Turn," the examiner moves from the barrier line, S, to the stop box, F. The examiner never takes his/her eyes off the rider.

- Then ride toward this end of the course. Make a smooth, non-slidding stop with your front tire inside that box. Your front tire must not touch any painted lines.
- Do you have any questions? Wait for my signal to begin.

Check the stopped position. Reposition the rider for the next exercise. Mark the scoresheet and check point accumulation.

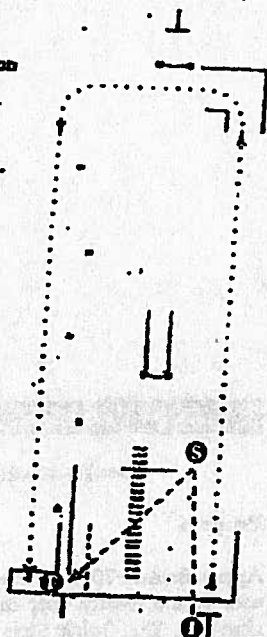
Scoring

Maximum score for Exercise 3, Normal Stop, is 8 points.

<u>Check</u>	<u>Possible Points</u>	<u>Maximum Points</u>
A. Skid	0.3	3
B. Stop Position	0.5	$\frac{5}{8}$

ILLUSTRATIONS

- ① Examiner Instruction Position
- ② Examiner Starting Position
- ③ Examiner Finishing Position



Standard

A. Listen and watch for a skid. A skid is indicated by a locked rear wheel while the motorcycle is still in motion. A skid may or may not make a "chirp" or sliding noise. Assess 3 points.

B. Stopped Position—Score from the first complete stop. Assess 5 points if the front tire touches a line or the contact point (where the bottom of tire rests on pavement) is not in the box.

2.1.5 EXERCISE FOUR--CONE WEAVE

(See Illustration B on Page 9)

Purpose

New riders must be familiar with motorcycle controls and basic handling skills. A rider may never experience this on the street as there is nothing to simulate a Cone Weave in the normal-traffic experience. But a rider must be able to coordinate clutch and throttle to complete turns and avoid hazards.

Examiner Position and Actions

Instructions for the Cone Weave and U-Turn are given before the Cone Weave. Position the rider with the front tire on the T. Stand to the rider's right to allow the applicant to see the path of travel and hear instructions. When the rider starts, step behind and follow to the end of the U-Turn boundary line. Stay to the center of the cones to see if either foot touches the ground or if a tire slips or hits a cone. Once the rider is beyond the last cone, move to position F to see the U-Turn clearly.

Instructions

- Ride to the left of the first cone, to the right of the second, and so on. Weave past all five cones without touching or skipping a cone or putting your foot down.

Scoring

Maximum score for Exercise 4, Cone Weave, is 10 points.

<u>Check</u>	<u>Possible Points</u>	<u>Maximum Points</u>
A. Skips or hits conc(s)	0, 3, 5	5
B. Foot down	0, 3, 5	5
		10

Standard

- A. Skips or hits cone(s) — A tire hits or skips one cone, 3 points. Two or more, 5 points.
- B. Feet down — One foot touches, 3 points. One or both feet touch two or more times, 5 points. Both feet touch at the same time, 5 points.

If a customer rides straight through cones 1-4, assess 5 points for "skips cones" only.

2.1-6 EXERCISE FIVE—U-TURN

(See Illustration B on this page)

Purpose

The U-Turn tests a rider's ability to coordinate multiple controls while negotiating a turn.

Examiner Position and Action

Instructions for the U-Turn are given with the instructions for the Cone Weave. As the rider leaves the Cone Weave, the position is approximately even with the barrier line. Start moving to the right, without interfering with the rider approaching the U-Turn. As the rider enters the U-Turn box, stand at the far end of the barrier line facing the rider. Watch the lines, not the motorcycle. The back line or exit sideline are most likely to be touched. Stand on the rider's right.

Instructions

- Continue around to the far side of the course and make a right U-Turn inside this box.
- Do not touch the solid line (motorcycles over 500cc) or the dashed line (motorcycles 500cc or under) or put a foot down.
- Stop near that line. Wait for further instructions.
- Do you have any questions? Wait for my signal to begin.

Scoring

Maximum score for Exercise 5, U-Turn, is 10 points.

Check	Possible Points	Maximum Points
A. Path	0, 5	5
B. Feet down	0, 5	5
		10

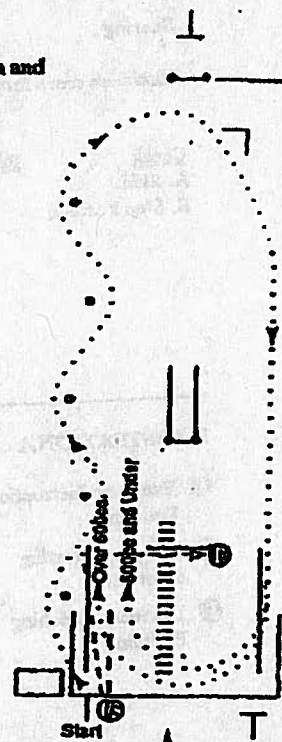
Standard

- A. Path—A tire contacts a boundary line or a rider does not complete the exercise as directed, 5 points. Cycles 500cc and under complete a U-Turn in 20'. Cycles over 500cc are allowed 24'.

- B. Feet down—Either touches, 5 points.

ILLUSTRATION B

- ⑤ Examiner Instruction and Starting Position
- ⑥ Examiner Finishing Position



2.1-7 EXERCISE SIX—QUICK STOP

(See Illustration C on Page 10)

Purpose

Approximately 70% of all accident-involved riders fail to use, or incorrectly use, their brakes in an emergency situation. The Quick Stop exercise measures a rider's ability to stop quickly.

Examiner Position and Actions

Stand to the rider's right and give instructions where the U-Turn ends near the obstacle-line for Exercise Seven, Obstacle Swerve. The rider begins with the front tire on the starting T located at the opposite end of the course. To score, the examiner should stand out of the path of travel and straight out or behind the second timing line, near the Cone Weave. Watch the lines. Start timing when the front tire reaches the first line. Stop timing when the front tire reaches the second line.

To score, walk to the stopped position and mark the stopping distance from the leading edge of the front tire. Record the "stopping distance" in the space on the score sheet. Enter the time shown on the stopwatch. Use the timing/distance chart (page 12) to determine stopping distance allowed. Record this in the "allowed" space. Subtract distance "allowed" from actual stopping distance.

Instructions

- Position your cycle on that T.
- On my signal, accelerate straight up this path. Stabilize your speed between 12-20 mph by the time you reach the first line.
- Maintain a steady speed.
- When your front tire passes the second line, stop as fast as you safely can. You will not lose points if you skid.
- Remain stopped until I tell you to move.
- Do you have any questions? Wait for my signal to begin.

Scoring

Maximum score for Exercise 6, Quick Stop, is 5 points.

Check	Possible Points	Maximum Points
A. Stopping Distance	0, 1, 2, 3, 4, 5	5

Standard

A. Stopping distance—Use the 1' increments on the pavement to mark the leading edge of the front tire to the nearest foot. Assess one point for each foot beyond the standard up to a maximum of 5 points.

If the customer rides above 20 mph but stops within 23' (the standard for 20 mph), 0 points are assessed. The customer exceeded stopping standards set for novice riders.

B. Re-rides—A maximum of one re-ride is allowed for the following reasons:

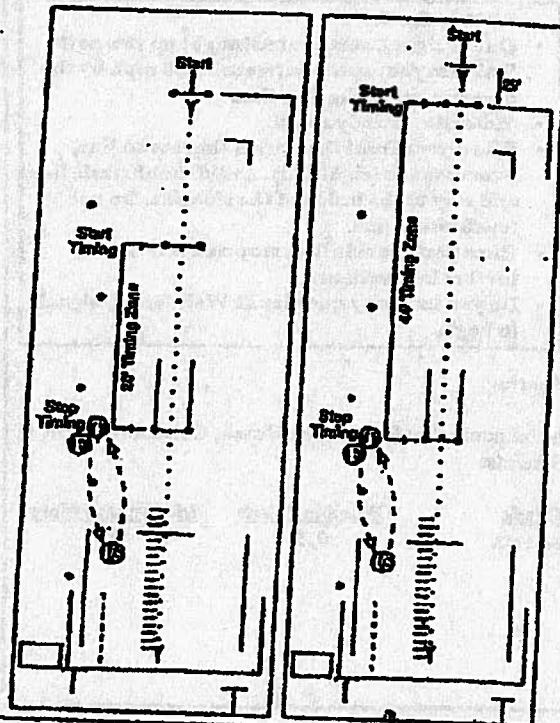
- The speed range is 12-20 mph. If the rider's speed is over 20 mph on the first attempt and stops beyond 23', allow a second attempt. Advise the rider to ride between 12-20 mph. If it occurs again, assess 5 points.
- If speed is under 12 mph on the first run, the exercise must be repeated. Assess 5 points if it occurs again for failure to meet minimum standards.
- Braking in the timing zone requires a second attempt. Assess 5 points if it occurs again.

ILLUSTRATION C

① Examiner Timing Position

② Examiner Instruction and Scoring Position

③ Examiner Finishing Position



2.1-8 EXERCISE SEVEN—OBSTACLE SWERVE

(See Illustration D on this page)

Purpose.

Research has shown that 32% of accident-involved riders fail to take any evasive action and 76% improperly execute their evasive action. The Obstacle Swerve exercise evaluates a rider's ability to maneuver quickly to avoid a hazard.

Examiner Position and Actions

To score, stand out of the path of travel and behind the second timing line on the side the rider will be swerving. Position to clearly see both timing lines and a direct view of the sideline.

Instructions

Instructions are given where the Quick Stop ends. Roll the motorcycle back from its stopped position to permit seeing the obstacle line before reading the instructions. If necessary, advise the customer to ride slower or faster based on the previous exercise speed. Give the instructions from the side the rider will swerve.

- Start at the T.
- On my signal, accelerate straight up this path. Stabilize your speed between 12-20 mph by the time you reach the first line.
- Maintain a steady speed.
- When your front tire passes the second line, swerve to the (right/left). Avoid the obstacle line and stay to the inside of the side line. Do not touch either line.
- Once past the side line, stop and wait for further instructions.
- Do you have any questions? Wait for my signal to begin.

Scoring

Maximum score for Exercise Seven, Obstacle Swerve, is 5 points.

Check	Possible Points	Maximum Points
A. Path	0, 5	5

Standard

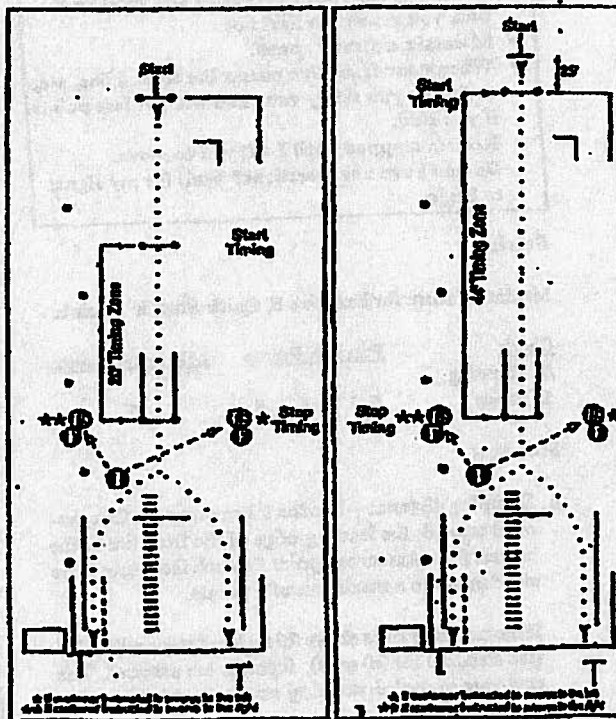
A. Path—A tire touches the obstacle line or side line, or the rider swerves in the wrong direction, is 5 points. If the rider performs this exercise properly at more than 20 mph, 0 points are scored.

Re-rides

Second runs are allowed for speeds too fast (if a path violation occurs), too slow, swerving or braking in the timing zone. Maximum points are assessed if any of these situations occur on the second attempt.

ILLUSTRATION D

- ① Examiner Instruction Position
- ② Examiner Timing and Scoring Position
- ③ Examiner Finishing Position



2.1.9 EXERCISE SIX & SEVEN—TIMING ZONE

Speed is calculated with a stopwatch and a timing chart. Watch the lines, not the motorcycle. When the front tire touches the first timing line, the stopwatch button is pressed and released. It is pressed and released again when the second timing line is touched. Compare the time on the watch with the chart to calculate stopping distance allowed.

Examiner position for all timing activities must be at the same place, every time, to maintain timing accuracy.

The following chart is for a 44' timing zone. **THIS TIMING ZONE SHOULD NOT BE USED WITHOUT A RUNNING START** of at least 25'.

TIMING/DISTANCE CHART 44' Timing Zone		
Seconds	Speed	Allowable Stopping Distance
1.50-1.57	20 mph	23 feet
1.58-1.66	19 mph	20 feet
1.67-1.76	18 mph	18 feet
1.77-1.87	17 mph	16 feet
1.88-1.99	16 mph	14 feet
2.00-2.14	15 mph	13 feet
2.15-2.30	14 mph	11 feet
2.31-2.50	13 mph	10 feet
2.51-2.60	12 mph	9 feet

If an extra 25' is not available for the 44' zone, a 20' timing zone should be used. Place the starting T at line B-C to allow 24' before entering the timing zone.

TIMING/DISTANCE CHART 20' Timing Zone		
Seconds	Speed	Allowable Stopping Distance
.67-.69	20 mph	23 feet
.70-.73	19 mph	20 feet
.74-.77	18 mph	18 feet
.78-.82	17 mph	16 feet
.83-.87	16 mph	14 feet
.88-.94	15 mph	13 feet
.95-1.01	14 mph	11 feet
1.02-1.09	13 mph	10 feet
1.10-1.18	12 mph	9 feet

2.2 TEST TERMINATION

The examiner is required to end the test under any of the following conditions:

- Point accumulation constitutes failure—Each skill-test exercise is increasingly more difficult and critical to safe operation than the previous exercise. Performing exercises after a rider has failed the test is hazardous for the justified operator.
- Falls or drops the motorcycle—Falling with or dropping the motorcycle indicates an inability to operate a motorcycle safely. Dropping is indicated when any portion of the side of the motorcycle touches the ground.
- Commits an unsafe act—An unsafe act could result from a rider's inability to perform exercise requirements (loses control if one wheel rises off pavement) or from a rider's attempt to demonstrate skills not called for in the exercise (disregard for instructions).
- Fails to understand or follow instructions—A rider may fail to understand instructions on a given exercise. Failure to comply with exercise instruction after two attempts is an automatic failure.
- Excessive test time—If, in the examiner's judgment, testing time has exceeded a reasonable limit, the test should be ended. Time may be excessive due to the rider stalling the cycle, having to continually repeat instructions, or misunderstanding instructions on various exercises.

The entire test must be administered when re-testing.

2.3 CUSTOMER DEBRIEFING

Customers should be advised of their score. It is recommended that the rider be given a copy of the scoresheet. The examiner should briefly explain points assessed. The skill level required to pass this test represents minimum, novice level skills. Anyone unable to meet those standards may need basic riding instruction. If available, test failures should be referred to a local rider-education course.

2.4 SCORESHEET

Points for errors made should be assessed after each exercise is completed. Once the applicant exceeds 10 points, the test should be ended.

Exercises 3 and 4 require the use of the Timing/Distance Chart. It converts speed to maximum allowable stopping distance.

Pre-test instructions on the scoresheet should be read to the customer. The customer signs the scoresheet, verifying the instructions were given.

ALTERNATE MOST INSTRUCTIONS

This test consists of seven exercises that measure your ability to perform basic vehicle-control and hazard-response skills. Most of the exercises involve speeds of about 15 mph. You will be scored on time and distance standards, as well as path and foot-down violations. The test may be ended for point accumulation, falling or dropping the motorcycle, committing an unsafe act, or failure to understand or follow instructions. You may stop the test at any time. However, you must complete the entire test to pass it. Do you have any questions? (Point out paths of travel as you read instructions.)

STALLS, SHARP TURN, NORMAL STOP—(Stand on rider's left)

- Points are assessed if you stall your engine during any exercise. Do you have any questions?
- Accelerate straight ahead and make a sharp left turn inside the boundaries. Do not put a foot down or touch the lines.
- Then ride toward this end of the course. Make a smooth, non-skidding stop with your front tire inside that box. Your front tire must not touch any painted lines.
- Do you have any questions? Wait for my signal to begin.

CONE WEAVER, U-TURN—(Stand on rider's right)

- Ride to the left of the first cone, to the right of the second, and so on. Weave past all five cones without touching or skipping one, or putting your foot down.
- Continue around to the far side of the course and make a right U-turn inside this box.
- Do not touch the solid line (motorcycles over 500cc) or the dashed line (motorcycles 500cc or under), or put your foot down.
- Stop near that line. Wait for further instructions.
- Do you have any questions? Wait for my signal to begin.

QUICK STOP—(Stand on rider's right)

- Position your cycle on that T.
- On my signal, accelerate straight up this path. Stabilize your speed between 12-20 mph by the time you reach the first line.
- Maintain a steady speed.
- When your front tire passes the second line, stop as fast as you safely can. You will not lose points if you skid.
- Remain stopped until I tell you to move.
- Do you have any questions? Wait for my signal to begin.

OBSTACLE SWERVE—(Stand on side rider will swerve)

- Start at the T.
- On my signal, accelerate straight up this path. Stabilize your speed between 12-20 mph by the time you reach the first line.
- Maintain a steady speed.
- When your front tire passes the second line, swerve to the (right/left).
- Avoid the obstacle line and stay to the inside of the side line. Do not touch either line.
- Once past the side line, stop and wait for further instructions.
- Do you have any questions? Wait for my signal to begin.

This test consists of seven exercises that measure your ability to perform basic vehicle-control and hazard-response skills. Most of the exercises involve speeds of about 15 mph. You will be scored on time and distance standards, as well as path and foot-down violations. The test may be ended for point accumulation, falling or dropping the motorcycle, committing an unsafe act, or failure to understand or follow instructions. You may stop the test at any time. However, you must complete the entire test to pass it. Do you have any questions?

APPLICANT SIGNATURE: _____

DATE: _____

EXAMINER: _____

ALTERNATE MOST SCORE SHEET										Points Assessed
RUN 1	SHARP TURN									Sharp Turn
	A. Path									
	B. Foot down									
	Remarks									Points
RUN 2	NORMAL STOP									Normal Stop
	A. Skid									
	B. Stopped position									5
	Remarks									Points
RUN 3	CONE WEAVE									Cone Weave
	A. Tire slips or hits cone(s)									3
	B. Foot down									5
	Remarks									Points
RUN 4	U-TURN									U-Turn
	A. Path									5
	B. Foot down									5
	Remarks									Points
RUN 5	QUICK STOP				Time	Ride Time	Stopping Distance		Distance Allowed	Quick Stop
RUN 6	OBSTACLE SWERVE				Time	Ride Time				Obstacle Swerve
	A. Path								5	
RUN 7	STALLING									Stalling
	A. Stalling engine during any exercise				1 3 5					
Remarks										Points
Timing/Distance Chart - 40-60 mph Timing Zone										TOTAL POINTS 0-10 = PASSING
Seconds	Speed	Minimum Stopping Distance								TEST TOTAL
1.50-1.57	20 mph	23 feet								TEST TERMINATION <input type="checkbox"/> Falls or drops the motorcycle. <input type="checkbox"/> Commits an unsafe act. <input type="checkbox"/> Fails to understand instructions repeatedly. <input type="checkbox"/> Point accumulation. <input type="checkbox"/> Excessive time.
1.58-1.66	19 mph	20 feet								
1.67-1.76	18 mph	18 feet								
1.77-1.87	17 mph	16 feet								
1.88-1.99	16 mph	14 feet								
2.00-2.14	15 mph	12 feet								
2.15-2.30	14 mph	11 feet								
2.31-2.50	13 mph	10 feet								
2.51-2.60	12 mph	9 feet								

This test consists of seven exercises that measure your ability to perform basic vehicle-control and hazard-response skills. Most of the exercises involve speeds of about 15 mph. You will be scored on time and distance standards, as well as path and foot-down violations. The test may be ended for point accumulation, falling or dropping the motorcycle, committing an unsafe act, or failure to understand or follow instructions. You may stop the test at any time. However, you must complete the entire test to pass it. Do you have any questions?

APPLICANT SIGNATURE: _____

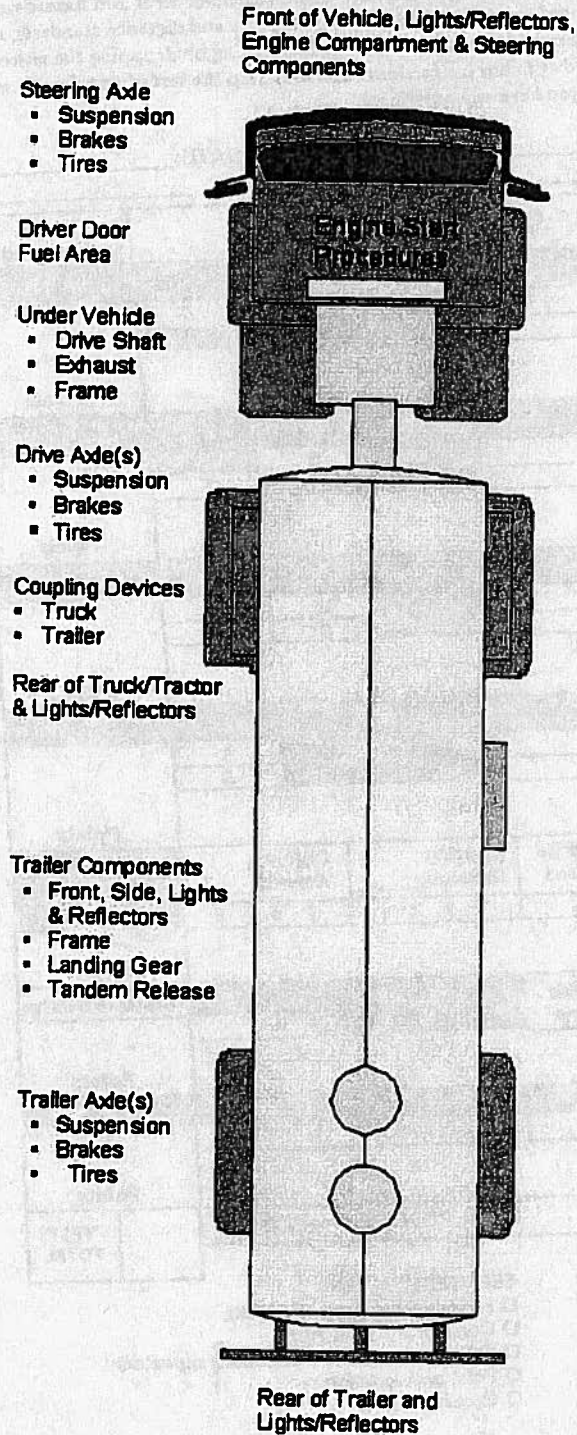
EXAMINER: _____

DATE: _____

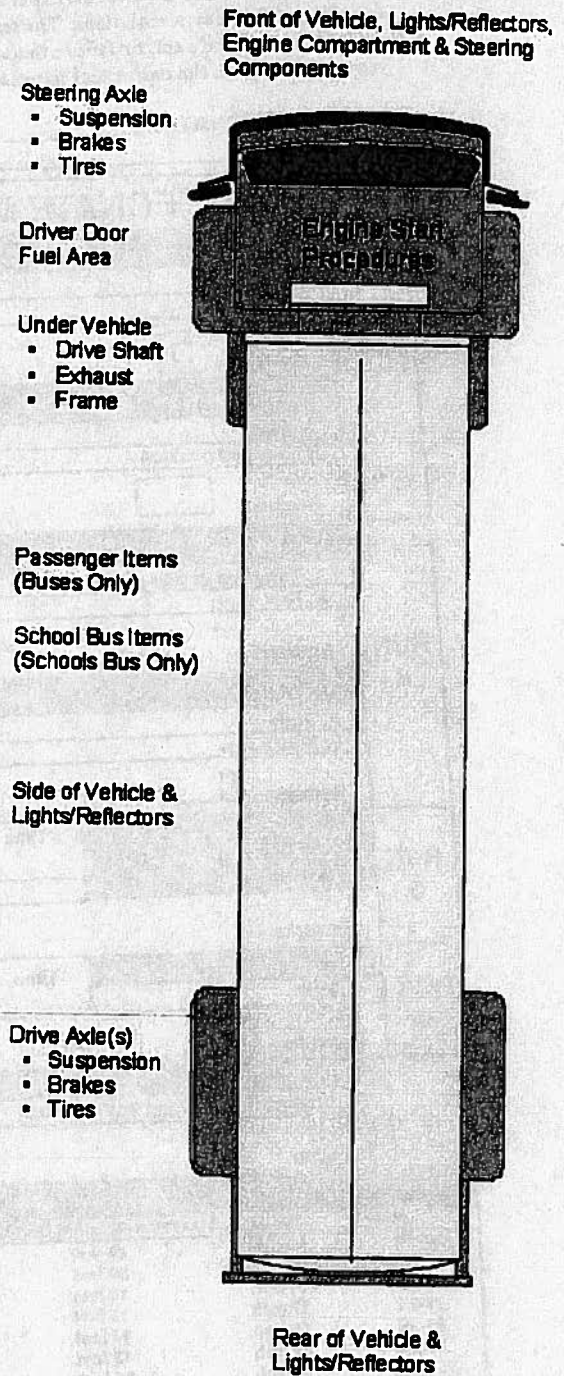
ALTERNATE MOST SCORE SHEET										Points Assessed
RUN 1	SHARP TURN								Sharp Turn	
	A. Path _____								5	
	B. Foot down _____									
	Remarks _____								Points	
	NORMAL STOP								Normal Stop	
RUN 2	A. Skid _____								5	
	B. Stopped position _____									
	Remarks _____								Points	
	CONE WEAVER								Cone Weaver	
	A. Time skids or hits cone(s) _____								5	
B. Foot down _____										
RUN 3	Remarks _____								Points	
	U-TURN								U-Turn	
	A. Path _____								5	
	B. Foot down _____									
	Remarks _____								Points	
RUN 4	QUICK STOP								Quick Stop	
	Time	Ride Time	Stopping Distance		Distance Allowed			5		
	1	2	3	4	5					
	Remarks _____								Points	
	RUN 5	OBSTACLE SWERVE								Obstacle Swerve
A. Path _____								5		
Remarks _____										
STALLING								Stalling		
A. Stalling engine during any exercise _____								5		
Remarks _____										
Timing/Distance Chart - 20-Foot Timing Zone										
Seconds	Speed	Maximum Stopping Distance								
.67-.69	20 mph	23 feet								
.70-.73	19 mph	20 feet								
.74-.77	18 mph	18 feet								
.78-.82	17 mph	16 feet								
.83-.87	16 mph	14 feet								
.88-.94	15 mph	13 feet								
.95-1.01	14 mph	11 feet								
1.02-1.09	13 mph	10 feet								
1.10-1.18	12 mph	9 feet								
TOTAL POINTS 0-10 = PASSING										
TEST TERMINATION <input type="checkbox"/> Falls or drops the motorcycle. <input type="checkbox"/> Commits an unsafe act. <input type="checkbox"/> Fails to understand instructions repeatedly. <input type="checkbox"/> Point accumulation. <input type="checkbox"/> Excessive time.										
									TEST TOTAL	

CDL Vehicle Inspection Memory Aid

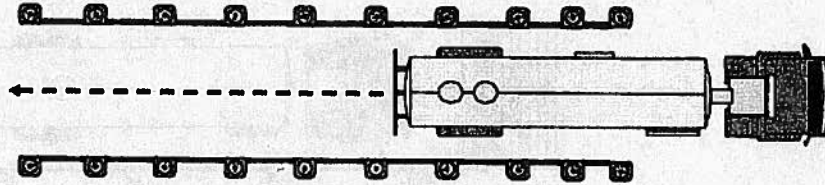
Combination Vehicles



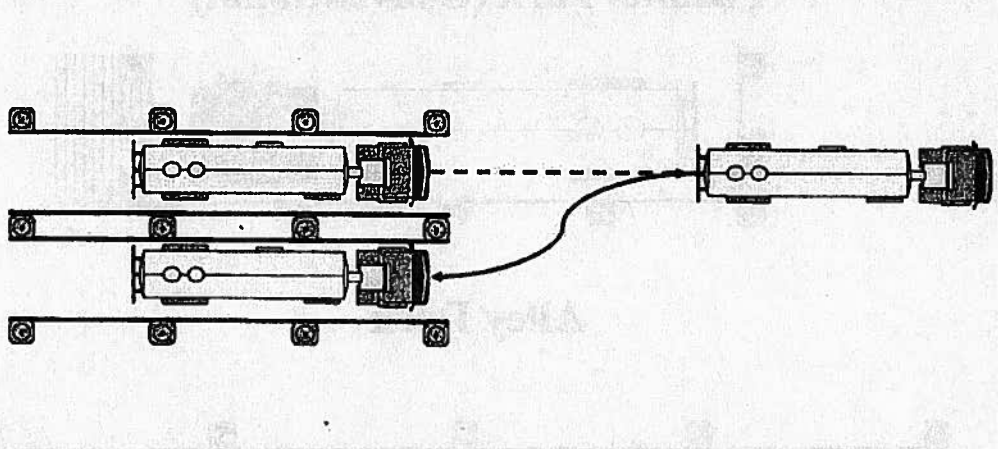
Straight Truck or Bus



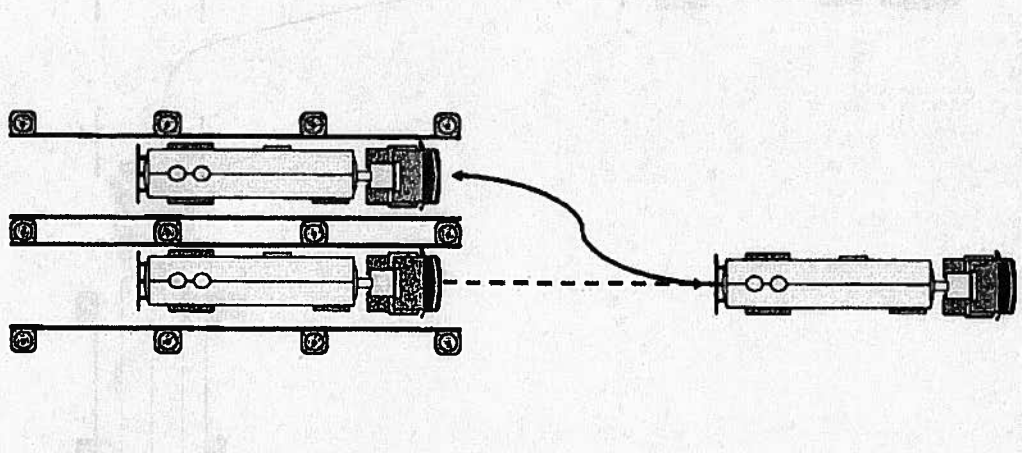
Straight Line Backing



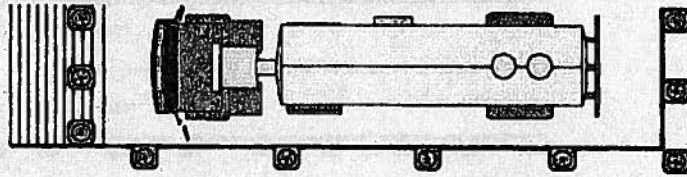
Offset Back/Right



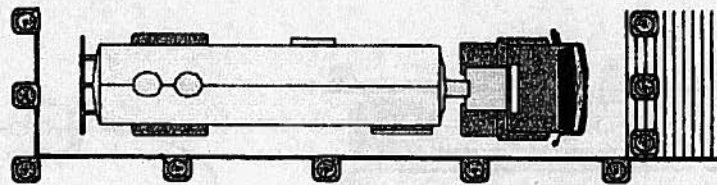
Offset Back/Left



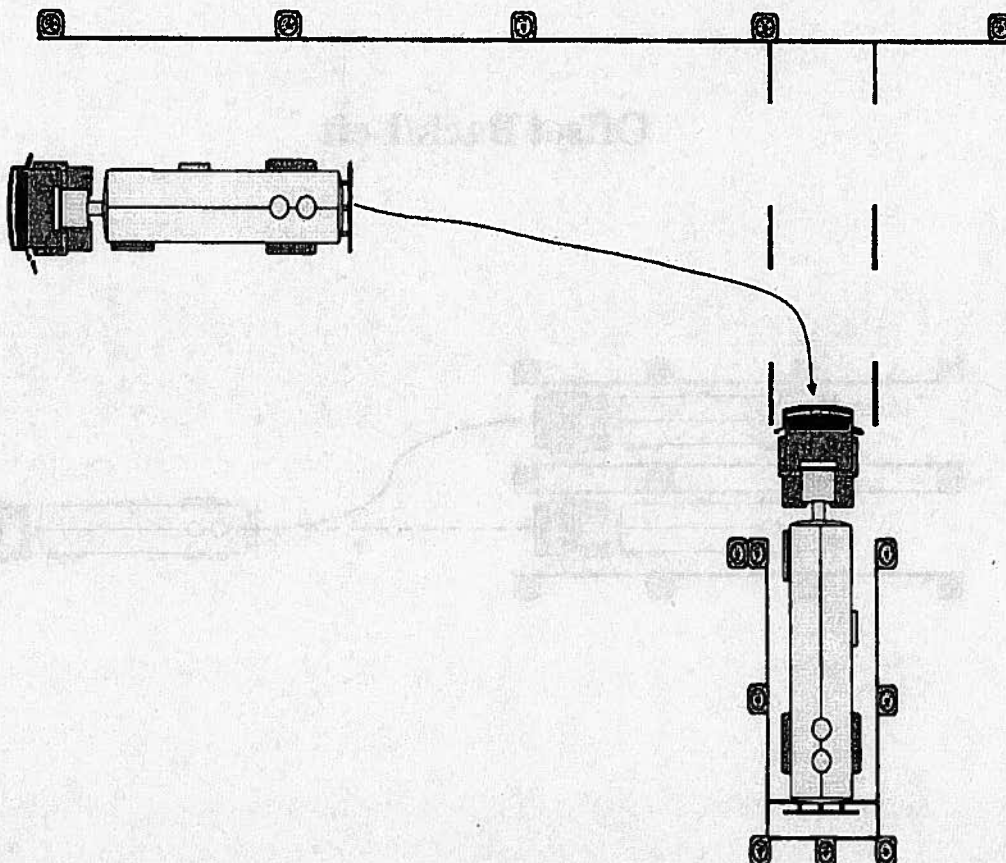
Parallel Park (Driver Side)



Parallel Park (Conventional)



Alley Dock



STATE OF HAWAII

107Y-V004 (10-0)

CERTIFICATION FOR PHYSICAL DISABILITY WAIVER

I certify this applicant, having failed to meet the physical requirement of 49 CFR 391.41 (b) (1) or (2), meets the requirements for a physical disability waiver in accordance with Section 286-236 (a), Hawaii Revised Statutes, and Chapter 19-122, Hawaii Administrative Rules.

If the county driver licensing office does not receive this certificate within 45 days of its date, the Physical Disability Waiver is cancelled.

Date

Director of Transportation

Chapter 19-122
EXHIBIT G

7/1/04

2838

2708

2971

3000

STATE OF HAWAII

DOTM 1002 (Rev. 4)

CERTIFICATION FOR INTRASTATE MEDICAL WAIVER

I certify this applicant, having failed to meet the physical requirement of 49 CFR 391.41 (b) (3), meets the requirements for an intrastate medical waiver in accordance with Section 286-236 (a), Hawaii Revised Statutes, and Chapter 19-122, Hawaii Administrative Rules.

If the county driver licensing office does not receive this certificate within 45 days of its date, the Intrastate Medical Waiver is cancelled.

Date

Director of Transportation

Chapter 19-122
EXHIBIT H

7/1/04

2932

2810

2

2971

3092

**MEDICAL REPORT
FOR**

DOTM 122 (1286)

Applicant's Name

NOTICE TO APPLICANT:

Please take this form to your doctor (licensed medical doctor or doctor of osteopathy). You are responsible for any expense involved.

The Medical Advisory Board will review your medical report that will be identified by number only. The board will provide an opinion regarding your fitness to drive safely based on the guidance in the Medical Conditions Affecting Drivers.

The County's Examiner of Drivers will review the board's opinion and decide whether you meet the standards required to operate a motor vehicle in the State of Hawaii.

NOTICE TO MEDICAL EXAMINER:

This applicant is required to undergo a medical examination to provide the county examiner of driver's information to decide whether the physical and mental standards to be licensed in this State are met. Your report will be reviewed by this agency and the Medical Advisory Board before the applicant is licensed. State laws make the licensing administrator responsible for the licensing action and your medical report is strictly advisory. Please be assured that your report will be used to grant driving privileges commensurate with driving ability while considering driving need and public safety.

Please complete the form for the medical condition in question so that we may be properly informed about the medical conditions that might impair safe driving ability. If your examination reveals other conditions that in your professional opinion might present a hazard to driving safely, please provide the information. Consult with other medical authorities, if necessary.

The applicant is responsible for any professional fee for this examination. The AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION form is for your protection; it should be signed by the applicant and kept in your files.

Thank you for your assistance in this program.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of my medical history to the county examiner of drivers for deciding my eligibility for a driver's license by _____

Name of medical doctor or doctor of osteopathy

Signature of applicant

Date

Chapter 19-122
Exhibit I
Page 1 of 5

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2810

3092

DRIVER'S LICENSE NUMBER _____ CASE NUMBER _____
Class _____ Restriction _____ Driver's name _____ Age _____ Tel number _____
Occupation _____ Reason for medical report _____

I. MEDICAL HISTORY - Complete all items.

Yes No

- ☐ ☐ A. Does your patient have a physical, neurological, or mental impairment that might impair safe driving?

B. What is the diagnosis of your patient's illness or injury?

C. How long have you treated this patient?

When was the most recent visit?

D. What medication(s) is the patient taking? Name drugs. How often?

DRUG

DOSE

SCHEDULE

II. MEDICAL CONDITIONS - Complete problem areas only.

Yes No

- ☐ ☐ A. CARDIAC/PULMONARY - Initial _____ if not applicable and skip this section.

1. Vital signs: BP _____ P _____ RR _____

☐ ☐ Edema?

☐ ☐ Supplemental oxygen needed?

☐ ☐ 2. Does patient have chest pain (angina) or obvious dyspnea?
If yes, describe for "at rest", "slight exertion", or "moderate."

☐ ☐ 3. Does patient have any of the following: syncope, vertigo, infarction?
If yes, give details.

☐ ☐ 4. Does patient take medication regularly for cardiovascular condition?
If yes, explain.

5. Describe any cardiac assistive device, e.g. pacemaker, and give implant date.

6. Describe patient's functional capacity (AMA):

Class 1 No limitation physical activity

DRIVER'S LICENSE NUMBER _____

CASE NUMBER _____

Class 2 Slight limitation physical activity _____

Class 3 Marked limitation physical activity _____

Class 4 Complete limitation physical activity _____

Yes No

☐ ☐ B. DIABETES - Initial _____ If not applicable and skip this section.

☐ ☐ 1. Is patient being treated for diabetes?
If yes, specify insulin dosage and type or oral medication dosage and type.

☐ ☐ 2. Is there a history of hypoglycemic reactions?
☐ ☐ If yes, is there any warning of reactions?
☐ ☐ If no, does the patient check his/her own blood sugar, using a glucose meter, before driving?

☐ ☐ 3. If taking insulin, or oral medication, does the patient carry glucose tablets or candy at all times?

☐ ☐ 4. Is diabetes under control?

☐ ☐ C. NEUROLOGICAL - Initial _____ If not applicable and skip this section.

☐ ☐ 1. Does your patient have a history of seizures, syncopal attacks, or disabling dizziness?
☐ ☐ 2. What is the frequency of these episodes? _____
When was the last episode? _____

☐ ☐ 3. Does your patient presently have any neurological impairment?
If so, please detail.

☐ ☐ 4. Do you expect the patient will be free of seizures in the future?

☐ ☐ D. ORTHOPEDIC - Initial _____ If not applicable and skip this section.

☐ ☐ 1. Does the patient have an amputation or skeletal defect that can interfere with driving ability? If yes, give details.

☐ ☐ 2. Does the patient use an artificial limb? If yes, explain.

☐ ☐ 3. Has the patient any paralysis, joint stiffness, reduced physical dexterity, or limitation of motion sufficient to interfere with driving safely? If yes, give details.

Medical Report - DOT-H 3092 (1206)

Chapter 19-122

Exhibit I

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3092

DRIVER'S LICENSE NUMBER _____

CASE NUMBER _____

☐ ☐
Yes No

4. Is condition stable?

☐ ☐

E. MENTAL HEALTH - Initial _____ if not applicable and skip this section.

☐ ☐

1. In the past three years, has the patient demonstrated hallucinations, delusions, drinking, drug abuse, impulsive, assaultive, homicidal, or suicidal behavior or other symptoms or signs indicating treatment was needed? Please list.

☐ ☐

2. In the past three years, have treatment recommendations been followed? Describe hospitalizations, residential, OPD, psychotherapy, medication, AA, NA, anger management.

3. Current diagnosis.

4. Current treatment.

☐ ☐

F. ALCOHOL/SUBSTANCE ABUSE - Initial _____ if not applicable and skip this section.

☐ ☐

1. Does your patient have a history of:

☐ ☐

Alcohol abuse?

☐ ☐

Stimulants (cocaine, methamphetamine) abuse?

☐ ☐

Others? If yes, specify.

☐ ☐

2. Is your patient being treated for alcohol/substance abuse?

Date(s) of last use of alcohol.

Date(s) of last use of other substances (marijuana, cocaine, methamphetamine).

☐ ☐

3. Is your patient currently clean and sober? If yes, for how long?

☐ ☐

4. Does your patient go to AA/NA meetings three times per week?

☐ ☐

5. If you are not treating this patient for alcohol/substance abuse, is the patient seeing:

☐ ☐

A certified substance abuse counselor?

☐ ☐

A psychologist?

☐ ☐

A psychiatrist (physician)?

☐ ☐

G. VISION - Initial _____ if not applicable and skip this section.

1. Visual Acuity:

Medical Report - DOT-H 2038 (12/05)

Chapter 19-122

Exhibit i

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9 32

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3092

DRIVER'S LICENSE NUMBER _____

CASE NUMBER _____

☐ ☐

a. Are there medical conditions or medications that could affect patient's visual acuities?
If yes, list conditions: _____

b. Distance Visual Acuities:

		<u>Uncorrected</u>	<u>Corrected with present lenses</u>
Right eye		20/	20/
Left eye		20/	20/

Yes No

2. Visual Fields:

☐ ☐

a. Are there medical conditions that could affect patient's visual fields?
b. If yes, list condition(s) and either attach a copy of visual fields testing, or fill in the amount of visual fields in each eye.
Condition(s): _____

Right eye: _____ degrees Left eye: _____ degrees

☐ ☐ H. HEARING - Initial _____ If not applicable and skip this section.

☐ ☐ 1. Does patient have a hearing problem? If yes, describe.

III. CONCLUSION - Complete all items.

Yes No

- ☐ ☐ A. "AT PATIENT'S LAST VISIT, WAS PATIENT'S CONDITION OR MEDICATIONS LIKELY TO INTERFERE WITH SAFE DRIVING?"
- ☐ ☐ B. "IN YOUR OPINION, IS THIS PERSON CAPABLE OF SAFE DRIVING?"
- ☐ ☐ C. "DO YOU RECOMMEND A ROAD TEST?"
- D. "IN YOUR OPINION, HOW OFTEN SHOULD THIS PERSON'S DRIVING ABILITY BE REEVALUATED BY THE DMV? Every _____ year(s)"
- E. "WHAT RENEWAL PERIOD DO YOU RECOMMEND FOR THIS DRIVER? (License terms: Age 16-17 = 4 years; 18-71 = 8 years; 72+ = 2 years.) _____ year(s)"

*These items must be completed.

I certify that I have examined this applicant.

Print name of reporting physician	Check one: <input type="checkbox"/> MD <input type="checkbox"/> DO	Date of examination	Office telephone number
Signature of reporting physician X		Medical license number	Specialty

Restrictions related to a Medical Condition. The restrictions and compulsory requirements listed below may be imposed when licensing applicants for a category 1, 2 or 3 driver's license. A driver's license shall not be issued and a driving test shall not be conducted until the applicant complies with the provisions of this section.

Restriction and Description	Criteria for Restriction
Restriction A - Corrective lenses	This restriction is placed on the driver's license of a person who meets the minimum levels of acceptable vision set forth in HAR §19-122-356 only with the aid of corrective lenses.
Restriction B - Outside rear view mirrors	This restriction is placed on the driver's license of a person who meets the minimum vision standards with the aid of outside mirrors, whose hearing is impaired, or whose head or neck mobility is limited.
Restriction C - Automatic transmission	This restriction is placed on the driver's license of a person who because of physical limitations or impairments is unable to operate a manual transmission vehicle.
Restriction D - Daylight hours only	This restriction is placed on the driver's license of a person who is unable to operate a motor vehicle at night due to physical limitations or impairments.
Restriction E - Full hand	This restriction is placed

equipment

on the driver's license of a person who is physically unable to operate the control pedals of a motor vehicle.

Restriction F - Mechanical signals

This restriction is placed on the driver's license of a person who is physically unable to perform signals with his arms or whose license is restricted to hand controls.

Restriction H - Power steering

This restriction is placed on the driver's license of a person who has difficulty gripping or turning the steering wheel of the motor vehicle.

Restriction J - Power Brakes

This restriction is placed on the driver's license of a person to compensate for limited extremity use and range of motion.

Restriction L - Steering knob

This restriction is placed on the driver's license of a person who uses a steering device to compensate for changes in grip pattern, limited extremity use, and range of motion.

Restriction M - Cushion

This restriction is placed on the driver's license of a person who the examiner determines is unable to see adequately out of the windows or reach the control pedals. This restriction is not limited to a seat cushion or automatic seat if another

Restriction N - Medical

device is available.

This restriction is placed on the driver's license of any person who is required to submit a medical report for less than the a full term license.

Restriction Q - Mechanical Aid

This restriction is placed on the driver's license of a person who requires the assistance of a mechanical aid to operate or position the driver to operate a motor vehicle.

Restriction R - Prosthetic Aid

This restriction is placed on the driver's license of a person who is required to wear a prosthetic device while operating a motor vehicle

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Table 1 to §383.71 (12/1/08)

List of acceptable proofs of citizenship or immigration

Status	Proof of status
U.S. Citizen	U.S. Passport Certificate of birth that bears an official seal and was issued by a State, county, municipal authority, or outlying possession of the United States Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545 or DS 1350) Certificate of Naturalization (Form N-550 or N-570) Certificate of U.S. Citizenship (Form N-560 or N-561)
Lawful Permanent Resident	Permanent Resident Card, Alien Registration Receipt Card (Form I-551) Temporary I-551 stamp in foreign passport Temporary I-551 stamp on Form I-94, Arrival/Departure Record, with photograph of the bearer Reentry Permit (Form I-327)

Table 1
List of names of persons of interest in the investigation

Category	Name of person
1. Persons of interest in the investigation	1. [Name] 2. [Name] 3. [Name] 4. [Name] 5. [Name] 6. [Name] 7. [Name] 8. [Name] 9. [Name] 10. [Name] 11. [Name] 12. [Name] 13. [Name] 14. [Name] 15. [Name] 16. [Name] 17. [Name] 18. [Name] 19. [Name] 20. [Name] 21. [Name] 22. [Name] 23. [Name] 24. [Name] 25. [Name] 26. [Name] 27. [Name] 28. [Name] 29. [Name] 30. [Name] 31. [Name] 32. [Name] 33. [Name] 34. [Name] 35. [Name] 36. [Name] 37. [Name] 38. [Name] 39. [Name] 40. [Name] 41. [Name] 42. [Name] 43. [Name] 44. [Name] 45. [Name] 46. [Name] 47. [Name] 48. [Name] 49. [Name] 50. [Name] 51. [Name] 52. [Name] 53. [Name] 54. [Name] 55. [Name] 56. [Name] 57. [Name] 58. [Name] 59. [Name] 60. [Name] 61. [Name] 62. [Name] 63. [Name] 64. [Name] 65. [Name] 66. [Name] 67. [Name] 68. [Name] 69. [Name] 70. [Name] 71. [Name] 72. [Name] 73. [Name] 74. [Name] 75. [Name] 76. [Name] 77. [Name] 78. [Name] 79. [Name] 80. [Name] 81. [Name] 82. [Name] 83. [Name] 84. [Name] 85. [Name] 86. [Name] 87. [Name] 88. [Name] 89. [Name] 90. [Name] 91. [Name] 92. [Name] 93. [Name] 94. [Name] 95. [Name] 96. [Name] 97. [Name] 98. [Name] 99. [Name] 100. [Name]
2. Persons of interest in the investigation	1. [Name] 2. [Name] 3. [Name] 4. [Name] 5. [Name] 6. [Name] 7. [Name] 8. [Name] 9. [Name] 10. [Name] 11. [Name] 12. [Name] 13. [Name] 14. [Name] 15. [Name] 16. [Name] 17. [Name] 18. [Name] 19. [Name] 20. [Name] 21. [Name] 22. [Name] 23. [Name] 24. [Name] 25. [Name] 26. [Name] 27. [Name] 28. [Name] 29. [Name] 30. [Name] 31. [Name] 32. [Name] 33. [Name] 34. [Name] 35. [Name] 36. [Name] 37. [Name] 38. [Name] 39. [Name] 40. [Name] 41. [Name] 42. [Name] 43. [Name] 44. [Name] 45. [Name] 46. [Name] 47. [Name] 48. [Name] 49. [Name] 50. [Name] 51. [Name] 52. [Name] 53. [Name] 54. [Name] 55. [Name] 56. [Name] 57. [Name] 58. [Name] 59. [Name] 60. [Name] 61. [Name] 62. [Name] 63. [Name] 64. [Name] 65. [Name] 66. [Name] 67. [Name] 68. [Name] 69. [Name] 70. [Name] 71. [Name] 72. [Name] 73. [Name] 74. [Name] 75. [Name] 76. [Name] 77. [Name] 78. [Name] 79. [Name] 80. [Name] 81. [Name] 82. [Name] 83. [Name] 84. [Name] 85. [Name] 86. [Name] 87. [Name] 88. [Name] 89. [Name] 90. [Name] 91. [Name] 92. [Name] 93. [Name] 94. [Name] 95. [Name] 96. [Name] 97. [Name] 98. [Name] 99. [Name] 100. [Name]